

Name in Full

Certificate of Death

A Infant-

39

Died at Blanch Creek Town Calvert County MARYLANDDate 1902 Month Dec Day 3 Y. 0 M. 0 D. 1/2 Native of Calvert Occupation —

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

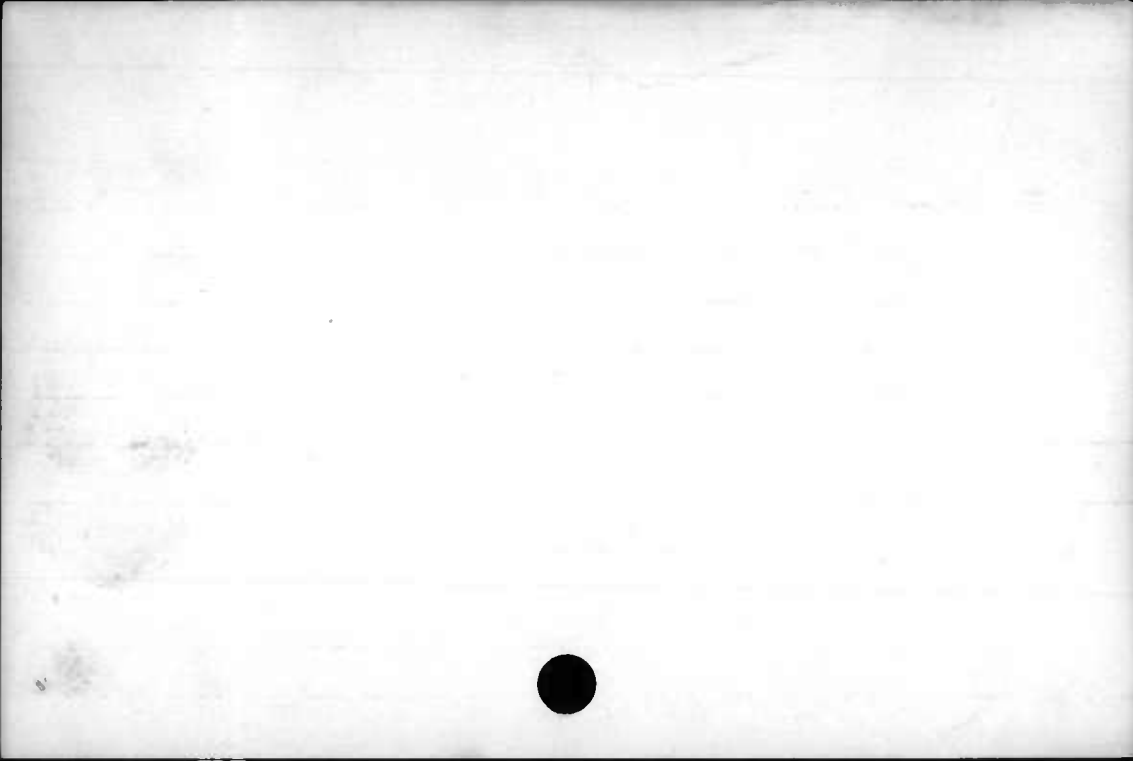
MARYLAND

Died at <i>Sollers</i> ^{Town}		<i>Calvert</i> ^{County}			
Date of death 190	<i>2</i> ^{Month}	<i>10</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Hicks Bishop</i>			Father's Birthplace <i>Calvert Co.</i>		
Mother's Maiden Name <i>Lizzie Johnson</i>			Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving information <i>Hicks Bishop</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Chambers M.D.</i>
	Address <i>Bertha, Calvert Co.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Died at

Date 19

Female

Colored

Married

~~Widow~~~~Divorced~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79800

Annie L. Bowell
 Town _____ County _____
 Died at *Sunderland* *Calvert* MARYLAND
 Month _____ Day _____ Y. _____ M. _____ D. _____ Native of _____ Occupation *Housewife*
 Date 19 *02* *Dec* *30* Age *75* *Wid*
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *Five*

Husband of *Henry Bowell*
 Wife _____
 Father's Name *Henry Dowell* Mother's Maiden Name *Annie Kirdorff*
 Cause of Death { Primary *Pneumonia* 93 How long sick *12. days*
 Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *Dr. J. L. Brayshaw*
 Address *Friendship Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sadie Gross

MARYLAND

Died at Town *Prince Frederick* County *Cabaret Co*

Date 1902 Dec. 24 Age 1. 2. 15 Native of *Cabaret Co* Occupation

Male White Married Widow Divorced

Female *yes* Colored *yes* Single *yes* Widower Number of children living

Husband of *James Gross*

Wife *James Gross*

Father's Name *James Gross* Mother's Maiden Name *Maggie Jacks*

Cause of Death { Primary *Cold* How long sick *2 weeks*

Death { Immediate *Croup* Accident, Suicide, Homicide

Reported by *George Offer*Address *Prince Frederick Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

E. A. Stockell

LIBRARY BUREAU, 79868



Name
in
Full

Sady Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Huntingtown</i> ^{Town}		<i>Calvert</i> ^{County}			
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>1</i>	Age	Years <i>10</i>	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Co.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Barber Jones</i>			Father's Birthplace <i>Cal. Co.</i>		
Mother's Maiden Name <i>Barbary Hicks</i>			Mother's Birthplace <i>Cal. Co.</i>		
Name of person giving information <i>Elsie Parker</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	<i>90</i>	How long <i>2 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Little</i>	
	Address <i>Huntingtown</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Chesapeake Beach</i>		County <i>Calvert</i>	
Date of death 1902	Month <i>Dec</i>	Day <i>21</i>	Age <i>65</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Joseph Hunt</i>					
Father's Name <i>King</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Wallace King</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Double Pneumonia</i>	How long	<i>Three days</i>
Immediate	<i>Heart Failure</i>	How long	<i>Five hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Brayshaw</i>	
		Address <i>Friendsville Md</i>	
Accident or Suicide?			



Name
in
Full

Amelia Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Huntingtown		County Calvert		MARYLAND	
Date of death 1902	Month Dec.	Day 26	Age 45	Years 45	Months 3	Days	
Sex Female		Color or Race Black		Birth- place Cal. Co.			
Married, Single or Widowed Married		Occupation House wife					
Name of Wife or Husband James Long							
Father's Name Frederic Freeman				Father's Birthplace Cal. Co.			
Mother's Maiden Name Mary Blake				Mother's Birthplace Cal. Co.			
Name of person giving Information James Long				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 3 yrs
Immediate Exhaustion 27	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. W. Peitch
	Address Huntingtown Md
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cath, Eliza Mills
Pat. Repertive

Month Day

12 9

White

Colored

Married

Single

Widow

Widower

Number of children living

6

Primary

Immediate

How long sick

6 day

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

County

Y. M. D.

Native of

Occupation

MARYLAND

Housewife

Divorced

Number of children living

6

How long sick

6 day

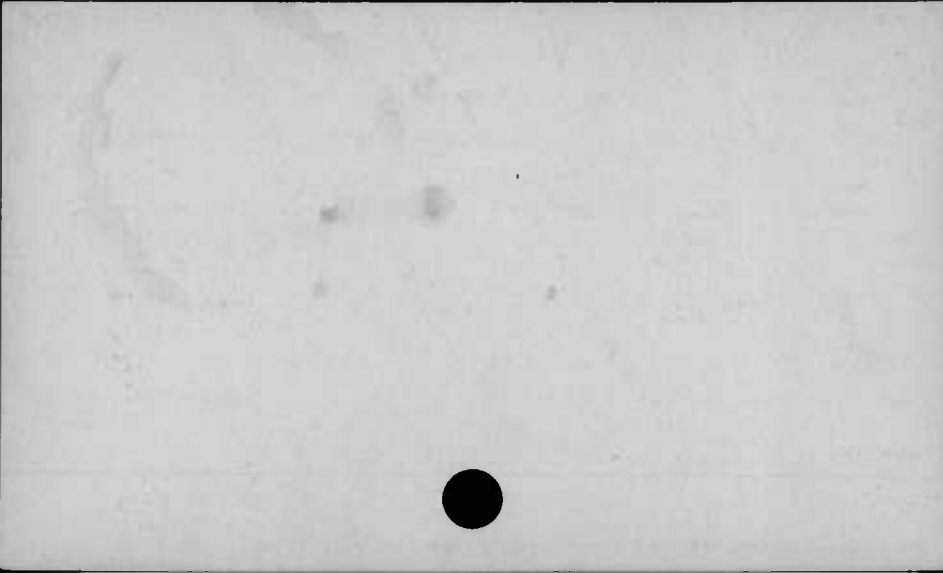
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72000



Name in Full

Certificate of Death

Calvin W Simons

Town

County

Died at *Bowen*

Calvert

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec 10

Age *66*

md

farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of *Anna Skinner*

Wife

Father's

Mother's

Name

J W Simons

Maiden Name

J Robinson

Cause of

Primary

Rebalanced

How long sick

Death

Immediate

66

Accident, Suicide, Homicide

Reported by

W B Hafford undertaker

Address

Bowen

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

40

MARYLAND

Died at

Town *Patterson*

County

Calvert

Date 19

2

Month

Day

Dec 7

Y.

M.

D.

Age

19

Native of

Calvert

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's
Name*Wm Wallace*

Mother's

Maiden Name

Annie Carr

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

John I Brooks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

